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Valerie Harris  
Valerie Harris

April 10, 2000  
(Date of Signature)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

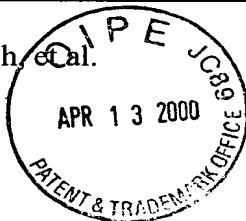
In re Application of: Ronald F. Welch, et al.

Serial No.: 09/135,185

Filed: August 17, 1998

P.D. File No.: 246-97-004

For: **A Power Supply System for a Fluorescent Lamp**



Group Art Unit: 2821

Examiner: W. Lee

Batch No. 127

Box Issue Fee  
Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

**ISSUE FEE PAYMENT**

Applicants submit to the U.S. Patent Office PTO Form PTOL-85B (in duplicate) transmitting payment of the Issue Fee against Deposit Account No. 01-1113 on April 10, 2000.

Respectfully submitted,

Ronald F. Welch, et al.

By: Loria B. Yeadon

Loria B. Yeadon  
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Date: April 10, 2000  
Law Department  
Honeywell International Inc.  
101 Columbia Road  
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Morristown, New Jersey 07962

Enclosures (As stated)

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
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HONEYWELL INTERNATIONAL INC.  
ALLIEDSIGNAL-INC  
699 ROUTE 46 EAST  
TETERBORO NJ 07608



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## Certificate of Mailing

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Valerie Harris (Depositor's name)

Valerie Harris (Signature)

April 10, 2000 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/135,185	08/17/98	016	LEE, W	2821 02/15/00
First Named Applicant: WELCH, 35 USC 154(b) term ext. = 0 Days.				

## TITLE OF INVENTION

FLOURESCENT  
A POWER SUPPLY SYSTEM FOR A FLUORESCENT LAMP

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 246-97-004	315-307.000	127	UTILITY	NO	\$1210.00	05/15/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Loria B. Yeadon

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE AlliedSignal Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) Morristown, NJ

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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